

TOWN OF BLOOMFIELD BUILDING DEPARTMENT
800 Bloomfield Avenue PO Box 337 Bloomfield, CT 06002 Phone: 860-769-3516

ELECTRICAL PERMIT APPLICATION

Receipt #	Street Address:
Building Permit Number:	Date:

Estimated Cost: _____ **Fee:** _____

Cost of all permits is **\$15** per one thousand dollars worth of construction or fraction thereof. Mandated CT Training Fee is included as part of the fee.

Property Owner	Contractor	Structure Type
Name: _____	Name: _____	<input type="checkbox"/> New Building
Address: _____	Address: _____	<input type="checkbox"/> Addition
_____	_____	<input type="checkbox"/> Existing Building
Phone: _____	Phone: _____	<input type="checkbox"/> Other
Email: _____	Email: _____	Type of Use
		<input type="checkbox"/> 1 or 2 Family Residential
		<input type="checkbox"/> Commercial & all others

Primary Service Information:	Additional Information:
Type of installation: <input type="checkbox"/> New service installation <input type="checkbox"/> Changes to the existing service or a complete service change <input type="checkbox"/> Temporary service installation <input type="checkbox"/> No service work will be performed (provide existing service information below) Size of service disconnect means: _____ Number of meters: _____ Size/rating of service conductors: _____ Size of grounding electrode conductor: _____	Number of sub-panels; rating; and feeder sizes: _____ Number of power circuits: _____ Number of lighting circuits: _____ Scope of work includes: <input type="checkbox"/> Low voltage work <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Emergency lighting & signage <input type="checkbox"/> Electric heat _____ (total wattage) <input type="checkbox"/> Generator _____ (size/type of fuel)

Briefly describe the scope of work: _____

CERTIFICATION: By signing this application, I hereby certify that I am the owner of record of the named property or; that the proposed work is authorized by the owner of record and I have been authorized to make this application as agent, and we agree to conform to all applicable codes, laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge.

Signed: _____	<input type="checkbox"/> Owner	Date: _____	License #: _____
Print name: _____	<input type="checkbox"/> Contractor		
Phone number: _____	<input type="checkbox"/> Agent		